New data shows the power of Aetna Premier Care Network Plus
Worries over the price of health care are nothing new

In survey after survey, plan sponsors have regularly voiced their concerns about costs. But only recently has data come to light showing a clear path to addressing rising costs.

According to PwC’s 2021 Medical Cost Trend report,

“Employers increasingly are eyeing narrow network health plans. This limits the list of providers that employees or their families can see in network in exchange for lower premiums.”

High-performance network health plans regularly tout their advantages. They deliver more competitive costs for plan sponsors while protecting quality of care for plan members. Unfortunately, statistics on their actual performance are often missing.

This lack of hard evidence is an issue because not all narrow network health plans are created equal. Truly effective performance networks require an enormous amount of “behind-the-scenes” effort and analysis.
Creating a network that maximizes savings requires more than just excluding the highest-cost providers. The best networks deliver savings through access to efficient, high-quality providers. They have a plan design that drives member engagement. This, in turn, encourages the effective use of clinical resources.

So, given the complexities of network design, how can you know whether a particular performance network is actually lowering costs and delivering value?

**Show me the data**

A new study has been done on Aetna Premier Care Network Plus (APCN+). It reveals important details about what a well-crafted premier performance network can deliver, not just to plan sponsors but also to plan members.

Aetna® was the first carrier to roll out a national high-performance network. Introduced back in 2016, APCN+ is now one of the most tenured products of its kind in the marketplace. The plan has a comparatively long history and associated data. This makes it an ideal candidate for a closer look at the potential cost-effectiveness of narrow network health plans.

With multiple years of information on cost savings and utilization, we can get a more comprehensive view of the APCN+ network’s real performance. And by leveraging available data within the framework of a retrospective matched-cohort study, we can make direct comparisons. We can compare plan sponsors and members that opted into the APCN+ performance network with plan sponsors and their members that didn’t switch to that product.

The matched-cohort study was carefully controlled for many different potential confounding variables. For example, the study matched on network market and index year. Propensity matched on characteristics such as:

- Product and program eligibility
- Industry
- Age and gender
- Social determinants and health risk scores
- Health conditions
- Prior utilization patterns

And to mitigate selection bias, only plan sponsors that fully replaced their broad network product with the performance network product were included in the study.
In the end, the study was able to compare roughly **13,000 members** in APCN+ with almost **40,000 members** in the comparison group. It included up to four years of data for some subjects in the final analysis. That made the study not only robust but also unique. Because APCN+ is one of the longest-serving products of its kind in the marketplace, most other performance networks don’t have multiple years of data available for analysis.

The matched-cohort study of Aetna Premier Care Network Plus (APCN+) involved

- **13,000** members in APCN+
- **40,000** members in the comparison group
- **4 years** of data
The study evaluated medical costs and utilization. It did so by looking at basic medical cost categories and then utilization for both clinical visits and hospital admissions.

**Promising results**

Data analysis revealed a significant decrease in medical cost trend of 14% in the first two years after the switch. This translates to $37 PMPM.

Where did these savings come from? In short, a number of different places.

The study indicated a statistically significant drop in impactable hospital admissions,

including a decrease in chronic condition-related admissions.

At the same time, those in the APCN+ network also showed a trend improvement on preventable ER use and improved use of urgent care over the ER.

Specific cost trend difference was driven largely by lower trend in outpatient medical spend (19%, $32 PMPM) and ER medical spend (15%, $4 PMPM).
The power of the right performance network

APCN+ delivers savings ... and the savings increase over time.

The research showed APCN+ is also delivering value and services to plan members. For example, the numbers revealed a greater use of virtual care options like Teladoc® among those with APCN+. And they maintained a strong use of traditional visits as well.

During the first year plan members were in ACPN+, there were fewer in-network PCP visits. But by the second year with the plan, PCP visits returned to normal. This suggests that members change their behavior and seek in-network care once they become familiar with the plan. The lack of notable changes in overall inpatient usage also suggests that the savings is not due to forgoing care or avoiding the type of care that leads to necessary admissions.
What it all means

While many plan sponsors are hoping performance networks can help them address the issue of health costs, it has been difficult to know if a product is delivering on its promise of combining savings with satisfaction.

The comprehensive study of APCN+ shows that, at least in this particular case, a performance network can provide some relief from rising costs. And it can do so without compromising on quality of care. In fact, the average customer that purchased the product over the past several years has seen double-digit savings without reducing access to clinical services or without cost shifting through plan design changes for members.

In a world where many plans with performance networks claim to be enablers of cost management, APCN+ is distinguished by proof. It does actually address issues of both cost and quality.